

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department City of Baltimore.

Permit No. A 1890 Office of Registrar of Vital Statistics. Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 31st '87

Full Name of Deceased, Wm. O. Erickson {Write legibly and spell correctly. If an Infant not named, give names of parents.}

Sex, Male or Female, Male {Cross out the word not required in this line.}

Age, 56 Years, 0 Months, 0 Days.

Color, White

Married, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Lumber Inspector

Birth Place, Baltimore City {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore, 56 years

Place of Death, University Hospital {Give Street and Number.}

Cause of Death, {First (Primary), Cerebral Congestion
Second (Immediate), Exhaustion}

Duration of Last Sickness, 6 hours

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, August 2/87

{ Undertaker, Denby & Mitchell } C. W. Mitchell M. D.

Medical Attendant.

{ Place of Business, 201 N. Fayette } Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

Health Department, City of Baltimore.

Permit No. 1891 Office of Registrar of Vital Statistics. Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
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CERTIFICATE OF DEATH.

Date of Death, July 30 1887

Full Name of Deceased, William Holmes
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, Male
{ Cross out the word not required in this line. }

Age, 1 Years, 6 Months, 1 Days.

Color, Colored

Married, Single, Widow or Widower, Single
{ Cross out the words not required in this line. }

Occupation, Barber

Birth Place, Balto.
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, All of life.

Place of Death, 114 York St.
{ Give Street and Number. }

Cause of Death, Cholera Infantum
As theia
{ First (Primary), Second (Immediate), }

Duration of Last Sickness, _____
All the above information should be furnished by the Physician.

Place of Burial, Lared Come

Date of Burial, Aug 2nd 87

{ Undertaker, Sabell & Handy } C. S. Booz M. D.
Medical Attendant.

{ Place of Business, 416 Cross St } Address, 617 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department City of Baltimore.

Permit No. 1892 Office of Registrar of Vital Statistics. Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the Burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH

Date of Death, July 31st 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Paul Bindelrold

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 4 Years, 4 Months, — Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Life

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 1027 Saratoga St

Cause of Death, { First (Primary), Second (Immediate), } Exhaustion

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Baltimore

Date of Burial, Aug 1st

{ Undertaker, For Jorden's Son Medical Attendant, W. L. Lancy, M. D.

{ Place of Business, 210 N. Howard Address, 108 Conway St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

Health Department, City of Baltimore.

Permit No. A-1893

Office of Registrar of Vital Statistics.

Ward *I*

The Physician who attended any person in a last illness, is responsible for the preparation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

CERTIFICATE OF DEATH.

Date of Death, 30th July 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents.

Pauline Borichev

Sex, ~~Male~~ or Female, { Cross out the word not
required in this line.

Age, 4 Years, 11 Months, 21 Days.

Color, *white*

Married, Single, Widow or Widower, { Cross out the words not
required in this line.

Occupation,

Birth Place, { State or country, and how }
long in the United States, }
if of foreign birth. }

Baltimore City

Duration of Residence in the City of Baltimore, During lifetime

Place of Death, { Give Street and }
Number.

S. Registerzeit 204

Cause of Death. { First (Primary),

Morrell

Cause of Death, } First (Primary),
Second (Immediate), ~~Enx~~ Meningitis acuta

Duration of Last Sickness.

24 hours

All the above information should be furnished by the Physician.

Place of Burial, *Mt Carmel Cemetery*

Date of Burial, Aug 1st 1887

(Undertaker, Fred Gaede

William Hennel M. D.

Place of Business 108 S. Caroline Address

Medical Attendant.
S. Wolfert 318

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. A 1894 Office of Registrar of Vital Statistics.

Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age,

Years,

6

Months,

Days.

Color, Colored

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, None

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. }

Cause of Death, { First (Primary), }

{ Second (Immediate), }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, August 1 / 87

Undertaker, H. Ross

Place of Business, Quincy St

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death.

H. C. Seward J. C. [OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

Health Department, City of Baltimore.

Permit No. 1895 Office of Registrar of Vital Statistics. Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 30/87

Full Name of Deceased, Thomas Esmond

Sex, Male or Female, Male

Age, 71 Years, 11 Months, 14 Days.

Color, White

Marrried, Single, Widow or Widower, Single

Occupation, Carpenter

Birth Place, Baltimore

Duration of Residence in the City of Baltimore, 60 years.

Place of Death, 331 N. Calver St

Cause of Death, Voluntary Poisoning

Duration of Last Sickness, Three (3) months

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cem.

Date of Burial, Aug 1/87

Undertaker, J. B. Cook

Place of Business, 1003 W. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

Health Department, City of Baltimore.

Permit No. 1896 Office of Registrar of Vital Statistics. Ward 202

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
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CERTIFICATE OF DEATH.

Date of Death, July 31st 1887
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Edward R. Diven
Sex, Male or Female, { Cross out the word not required in this line. } Male
Age, 72 Years, Months, 5 Days.
Color, White
Married, Single, Widow or Widower, { Cross out the words not required in this line. } Widower
Occupation, Carpenter
Birth Place, { State or country, and how long in the United States, if of foreign birth. } Maryland
Duration of Residence in the City of Baltimore, life time
Place of Death, { Give Street and Number. } 904 Franklin St
Cause of Death, { First (Primary), } Extrinsic heat
{ Second (Immediate), } Paralysis
Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Western cemetery
Date of Burial, Aug 2nd 1887
{ Undertaker, Jos R. Leach } Jas. E. Gibbons M. D.
{ Place of Business, 1003 N. Baltimore } Address, 633 Edmondson ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.
SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.
[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

Health Department, City of Baltimore.



Permit No. 1897 Office of Registrar of Vital Statistics. Ward 17

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 31st 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Thomas Alex. Crocker

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 1 Year, 4 Months, 6 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single ✓

Occupation, _____

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, During Life

Place of Death, { Give Street and Number. } 1503 S. Charles

Cause of Death, { First (Primary), Second (Immediate), } Cholera Infantum

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Linden Park cemetery

Date of Burial, Aug 2nd 1887

Undertaker, Jos B. Cook

Place of Business, 1003 N. Baltimore St Address, 1024 Foot Ad

O. A. Crooked M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

Health Department City of Baltimore.

Permit No. A 1898

Office of Registrar of Vital Statistics.

Ward 15

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CERTIFICATE OF DEATH.

Date of Death,

July 31. 1887
Willie Waslock

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents.

Sex, Male ~~Female~~, { Cross out the word not required in this line.

Age, 2 Years,

2 Months, 15 Days.

Color,

White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line.

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth.

Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number.

2118 Cambridge St

Cause of Death, { First (Primary),
Second (Immediate),

Chol. Infantum
two weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Rockmans Run

Date of Burial, August 1st. 1887

Undertaker, Sandy and Son

Place of Business, Canton Ave

Address, Crumm & Co

M. D.

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John Chas. De Goy. Inspector

[OVER.]

Health Department, City of Baltimore.

Permit No.

1899

Office of Registrar

Vital Statistics.

Ward

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The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 31/87

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Emanuel Macke

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

34

Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

None

Birth Place,

{ State or country, and how long in the United States, if of foreign birth. }

Norfolk Va

Duration of Residence in the City of Baltimore,

30 years

Place of Death,

{ Give Street and Number. }

1215 Druid Hill Ave

Cause of Death,

{ First (Primary), }

{ Second (Immediate), }

Brain Stroke

Cerebral apoplexy

Duration of Last Sickness,

10 hours

All the above information should be furnished by the Physician.

Place of Burial,

Roll Point Cemetery

Date of Burial,

August 2

{ Undertaker,

Pacoe Wherry &

L. B. Pacette

M. D.

Medical Attendant.

{ Place of Business,

626 W Baltimore

Address 1124 Druid Hill Ave

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[OVER.]